

FILE COPY

1. CIR/DIST./DIV. CODE TNW		2. PERSON REPRESENTED Hogeland, Janet		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:01-020179-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Hogeland		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Supervised Release	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 3.F -- ACCESSORY AFTER THE FACT						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Erwin, Jake E 200 Jefferson Ave Suite 1313 Memphis TN 38103  Telephone Number: _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>S. Thomas Erwin</u> Signature of Presiding Judicial Officer or By Order of the Court Date of Order <u>03/02/2005</u> Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)  This document entered on the docket sheet in compliance with Rule 55 and/or 32(b) FRCP on <u>5-12-05</u>						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach Itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					ROBERT R. DUTTON CLERK OF COURT 05 MAY 12 PM 2:54
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ ) TOTALS:						
Out of Court	16. a. Interviews and Conferences					ROBERT R. DUTTON CLERK OF COURT 05 MAY 12 PM 12:54
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ ) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____						
APPROVED FOR PAYMENT - COURT USE ONLY						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		

FILED BY g D.C.FILED BY g D.C.

(47)



## Notice of Distribution

This notice confirms a copy of the document docketed as number 47 in case 2:01-CR-20179 was distributed by fax, mail, or direct printing on May 12, 2005 to the parties listed.

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Honorable Jon McCalla  
US DISTRICT COURT